

**STATE OF MAINE  
WORKERS' COMPENSATION BOARD**

**ABUSE INVESTIGATION UNIT  
AIU#**

**STATE OF MAINE  
WORKERS' COMPENSATION BOARD**

**v.**

**FRONTIER INSURANCE COMPANY  
AND  
COMBINED MANAGEMENT, INC.**

**CONSENT DECREE**

**NOW COME** the parties and agree as follows:

1. That the following forms were requested from Frontier Insurance Company of America as a result of monitoring pursuant to 39-A M.R.S.A. Section 153(9):

<b>Employee</b>	<b>Date of Injury</b>	<b>SSN</b>	<b>Forms Not Filed</b>
Steven Stoddard	09/11/01	004-54-7926	WCB-1 Employer's First Report of Occupational Injury or Disease
Andrew O'Brien	04/30/01	007-62-5522	WCB-1 Employer's First Report of Occupational Injury or Disease
Mathew Boullie	04/09/01	007-86-5793	WCB-1 Employer's First Report of Occupational Injury or Disease
Casey Toby	08/21/01	004-76-5088	WCB-1 Employer's First Report of Occupational Injury or Disease
Maurice Clark	08/15/01	006-72-4016	WCB-1 Employer's First Report of Occupational Injury or Disease
Steve Dee, Jr.	04/30/01	006-76-0756	WCB-1 Employer's First Report of Occupational Injury or Disease
Philip Deschaine	03/20/01	004-70-8210	WCB-1 Employer's First Report of Occupational Injury or Disease
Steven Dutil	05/14/01	004-74-3059	WCB-1 Employer's First Report of Occupational Injury or Disease
Jeffrey Freeman	08/01/01	013-46-6350	WCB-1 Employer's First Report of Occupational Injury or Disease

Adam Hall	08/17/01	006-72-5287	WCB-1 Employer's First Report of Occupational Injury or Disease
Taylor Krol	05/24/01	005-80-6816	WCB-1 Employer's First Report of Occupational Injury or Disease
Arcel Molina	07/15/01	582-91-8171	WCB-1 Employer's First Report of Occupational Injury or Disease
Scott Morey	07/12/01	007-76-3756	WCB-1 Employer's First Report of Occupational Injury or Disease
Sarouw (Chris) Ouk	05/15/01	540-02-1665	WCB-1 Employer's First Report of Occupational Injury or Disease
Daryl Stimpson	06/28/01	003-46-7346	WCB-1 Employer's First Report of Occupational Injury or Disease
Don Surprenant	08/16/01	004-84-8548	WCB-1 Employer's First Report of Occupational Injury or Disease
Shawn Thorndike	08/17/01	006-80-3624	WCB-1 Employer's First Report of Occupational Injury or Disease
David Tremberth	07/16/01	011-70-6092	WCB-1 Employer's First Report of Occupational Injury or Disease
Turcotte Jessie	04/15/01	007-78-4804	WCB-1 Employer's First Report of Occupational Injury or Disease
Greg Chadbourne	06/11/01	004-60-5431	WCB-1 Employer's First Report of Occupational Injury or Disease
			WCB-2 Wage Statement
			WCB-2A Schedule of Dependents
			WCB-3 Memorandum of Payment
			WCB-4 Discontinuance/Modification
Angel Amaro	07/16/01	017-56-7198	WCB-1 Employer's First Report of Occupational Injury or Disease
			WCB-2 Wage Statement
			WCB-2A Schedule of Dependents
			WCB-3 Memorandum of Payment

			WCB-4 Discontinuance/Modification
Wyatt Fitzgerald	04/19/01	006-80-6676	WCB-1 Employer's First Report of Occupational Injury or Disease
			WCB-2 Wage Statement
			WCB-2A Schedule of Dependents
			WCB-3 Memorandum of Payment
			WCB-4 Discontinuance/Modification
Ted Flagg	07/26/01	005-48-8937	WCB-1 Employer's First Report of Occupational Injury or Disease
			WCB-2 Wage Statement
			WCB-2A Schedule of Dependents
			WCB-3 Memorandum of Payment
			WCB-4 Discontinuance/Modification
Jason Giroux	07/12/01	124-72-8823	WCB-1 Employer's First Report of Occupational Injury or Disease
			WCB-2 Wage Statement
			WCB-2A Schedule of Dependents
			WCB-3 Memorandum of Payment
			WCB-4 Discontinuance/Modification
Nathan Jerome	07/29/01	005-78-3427	WCB-1 Employer's First Report of Occupational Injury or Disease
			WCB-2 Wage Statement
			WCB-2A Schedule of Dependents
			WCB-3 Memorandum of Payment
			WCB-4 Discontinuance/Modification

Pavel Kasianov	04/29/01	004-90-9068	<p>WCB-1 Employer's First Report of Occupational Injury or Disease</p> <p>WCB-2 Wage Statement</p> <p>WCB-2A Schedule of Dependents</p> <p>WCB-3 Memorandum of Payment</p> <p>WCB-4 Discontinuance/Modification</p>
James Pooler	05/04/01	005-76-5507	<p>WCB-1 Employer's First Report of Occupational Injury or Disease</p> <p>WCB-2 Wage Statement</p> <p>WCB-2A Schedule of Dependents</p> <p>WCB-3 Memorandum of Payment</p> <p>WCB-4 Discontinuance/Modification</p>
Anthony Stosny	04/24/01	157-72-2105	<p>WCB-1 Employer's First Report of Occupational Injury or Disease</p> <p>WCB-2 Wage Statement</p> <p>WCB-2A Schedule of Dependents</p> <p>WCB-3 Memorandum of Payment</p> <p>WCB-4 Discontinuance/Modification</p>
Jason Merserve	09/13/01	007-62-5584	<p>WCB-1 Employer's First Report of Occupational Injury or Disease</p>

2. That the forms listed above were not filed.
3. That the failure to file the foregoing forms represents twenty-nine (65) separate violations of 39-A M.R.S.A. Section 357(1) or Section 360(1)(A).
4. That nothing in this agreement shall be construed as a waiver of the Workers' Compensation Board's right to seek additional penalties pursuant to 39-A M.R.S.A. Section 359(2) or 39-A M.R.S.A. Section 360(2) or both sections.



5. That this agreement applies to the claims of Combined Management, Inc./Frontier Insurance Company for the period 3/01/01 to the date of the Decree.

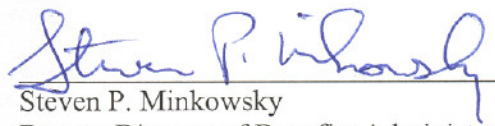
**WHEREFORE**, pursuant to 39-A M.R.S.A. Section 360(1)(A), a civil forfeiture of \$50.00 shall be assessed for each of the foregoing sixty-five (65) violations for a total penalty of \$3,250.00.

Dated: 12/13/01



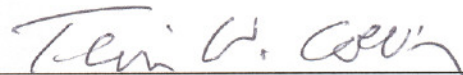
Rick De Filipp  
Claims Representative for Combined  
Management Inc./Frontier Insurance Company

Dated: 12-13-01



Steven P. Minkowsky  
Deputy Director of Benefits Administration  
Workers' Compensation Board

Dated: 12/14/01



Timothy W. Collier  
Supervisor of the Abuse Investigation Unit  
Workers' Compensation Board